

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Sallie America

Town

Laurel

County

Prince Georges

MARYLAND

Date

of death 1909

Month

5

Day

18

Age

Years

57

Months

—

Days

—

Sex

female

Color or  
Race

black

Birth-  
place

Md

Occupation

housework

Where Residing if not  
at place of death

Laurel

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Chas. America

Father's  
Name

J. Haskins

Father's  
Birthplace

Md

Mother's  
Maiden Name

unknown

Mother's  
Birthplace

Md

Name of person giving  
Information

Chas America

How related  
to deceased

husband

## CAUSES OF DEATH

79

Primary

valvular heart disease

How long

1 yr.

Immediate

exhaustion

How long

3 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

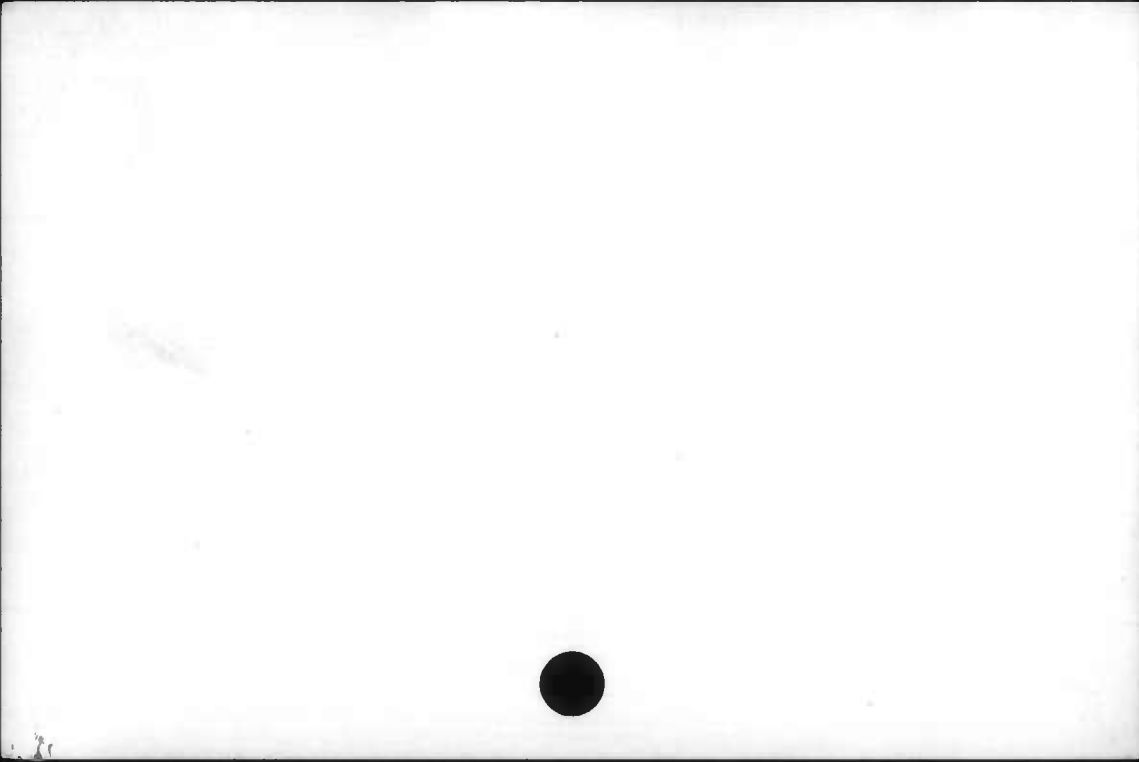
Signature of  
Physician

Address

W. Taylor M.D.  
Laurel Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Sophy Bruce* Town *Hubbardsville P.G.* County \_\_\_\_\_

Died at \_\_\_\_\_

Date of death *1909* Month *May* Day *11<sup>th</sup>* Age *62* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *Black* Birth-place *West*

Occupation *None* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Levi, Bruce* Father's Birthplace *West*

Mother's Maiden Name *Unknown* Mother's Birthplace *West*

Name of person giving Information *Levi, Allen* How related to deceased *None*

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary *Idiocy* How long *See her life*

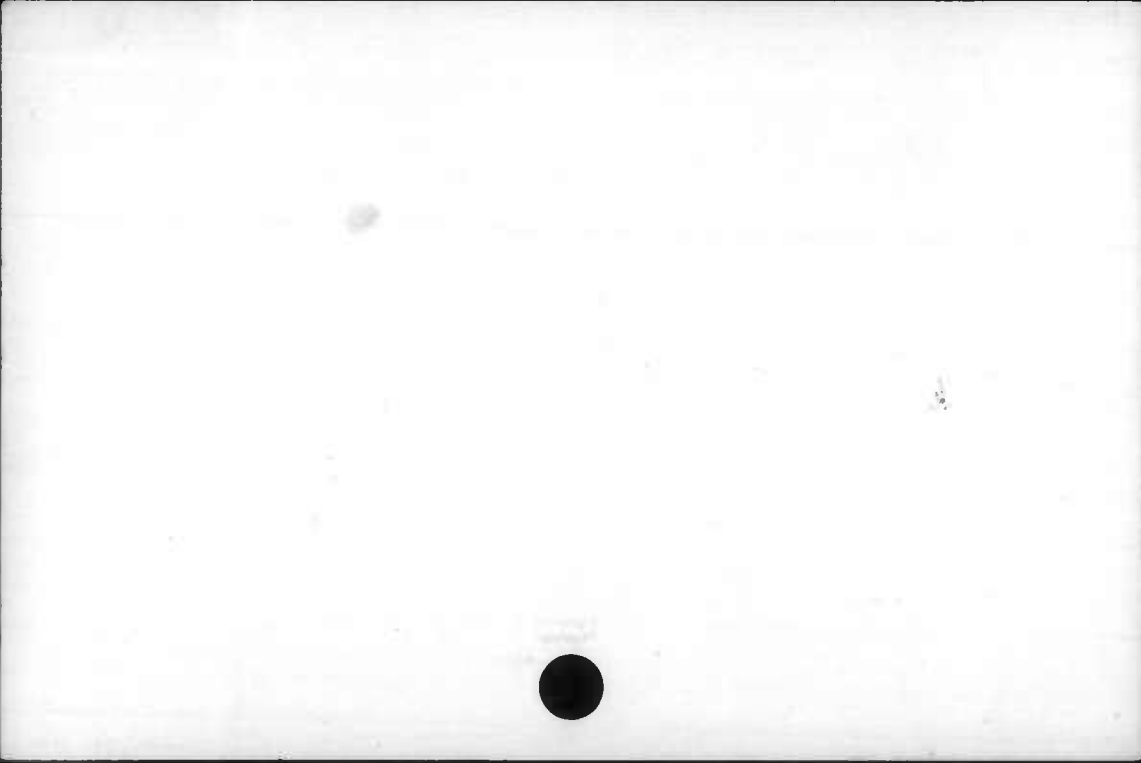
Immediate *Prementure decay* How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Downing*

Address *Clinton*

Accident or Suicide \_\_\_\_\_



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at *Deswyn* Town*Prince George* CountyDate of death *1909* Month *May*Day *1*Age *68* YearsMonths *6*Days *10*Sex *Female*Color or  
Race*white*Birth-  
place*Scotland*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of ~~Wife or~~  
Husband*Thaddeus W. Cleary*Father's  
Name*George Hutton*Father's  
Birthplace*Scotland*Mother's  
Maiden Name*Fannie Bannister*Mother's  
Birthplace*England*Name of person giving  
In formation*Lily Ward Remble*How related  
to deceased*Daughter*

## CAUSES OF DEATH

47

Primary

*Chronic Rheumatism*

How long

*3 years*

Immediate

*Acute Endocarditis*

How long

*14 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*A. H. Quinn*

Address

*Deswyn Md*

Accident or Suicide?



Name  
in  
Full

Alveta Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Bowie <sup>Town</sup> Prince George <sup>County</sup> **MARYLAND**

Date of death 1909 May <sup>Month</sup> 11 <sup>Day</sup> Age 2 <sup>Years</sup> 2 <sup>Months</sup> 5 <sup>Days</sup>

Sex Girl Color or Race Colored Birth-place Arundall

Occupation child Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband —

Father's Name John Culver

Father's Birthplace Bowie

Mother's Maiden Name Georgiana Hinson

Mother's Birthplace Arundall

Name of person giving Information John Culver

How related to deceased Father

## CAUSES OF DEATH

93

Primary Pneumonia

How long 2 days

Immediate Pneumonia

Are the name, age, sex, color, date and place correctly given above?

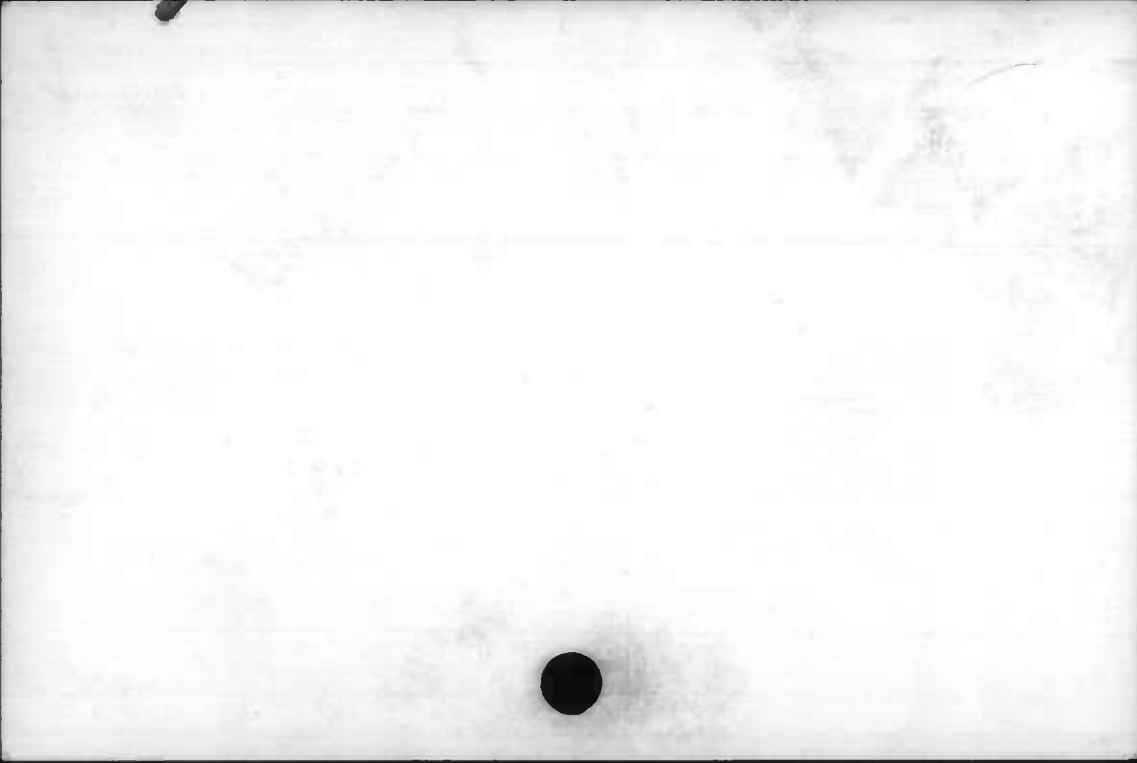
Signature of Physician

Address

James H. Smith  
Bowie

yes

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Date  
of death

1909 May

Day

31

Age

Years

Months

Days

6

Sex

Female

Color or  
Race

Colored

Birth-  
place

Crown Sta Md

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Robert Diggs

Father's  
Birthplace

Md

Mother's  
Maiden Name

Eliza Adams

Mother's  
Birthplace

Md

Name of person giving  
Information

Robert Diggs

How related  
to deceased

Further

## CAUSES OF DEATH

179

Primary

Infant

How long

Don't know

Immediate

Don't know

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

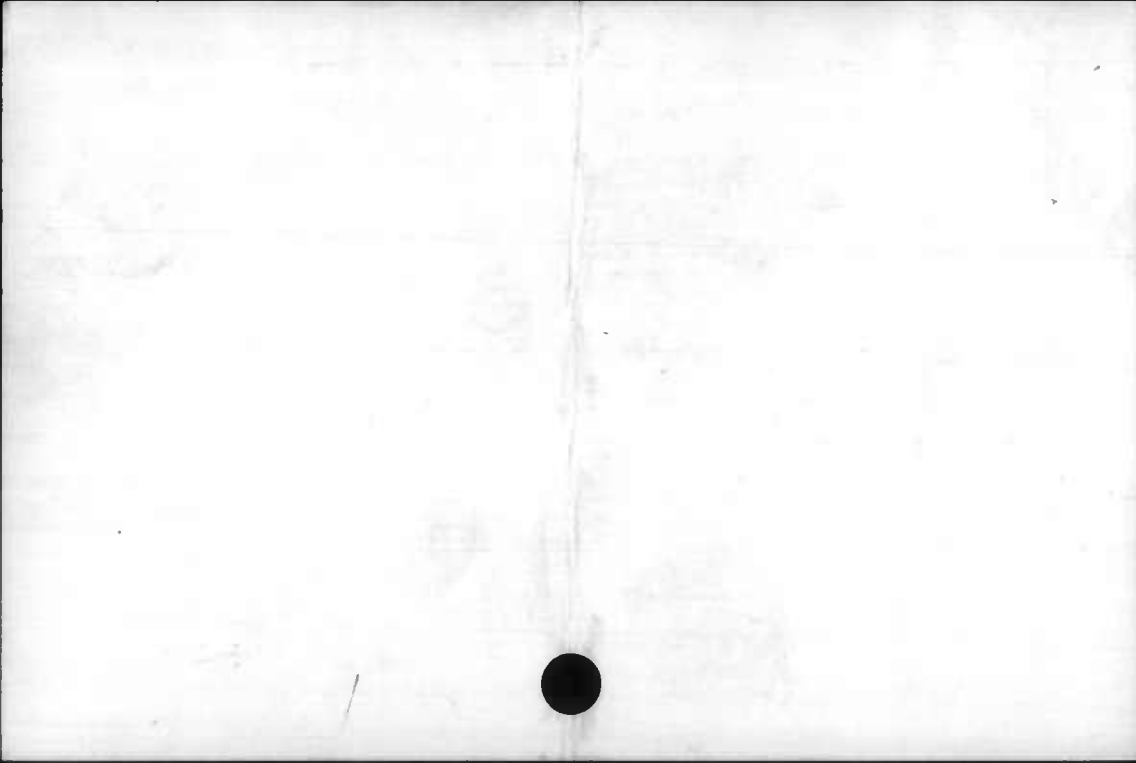
J. H. H. H. H. H.

Address

Crown Sta Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Bernard Penagiri

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

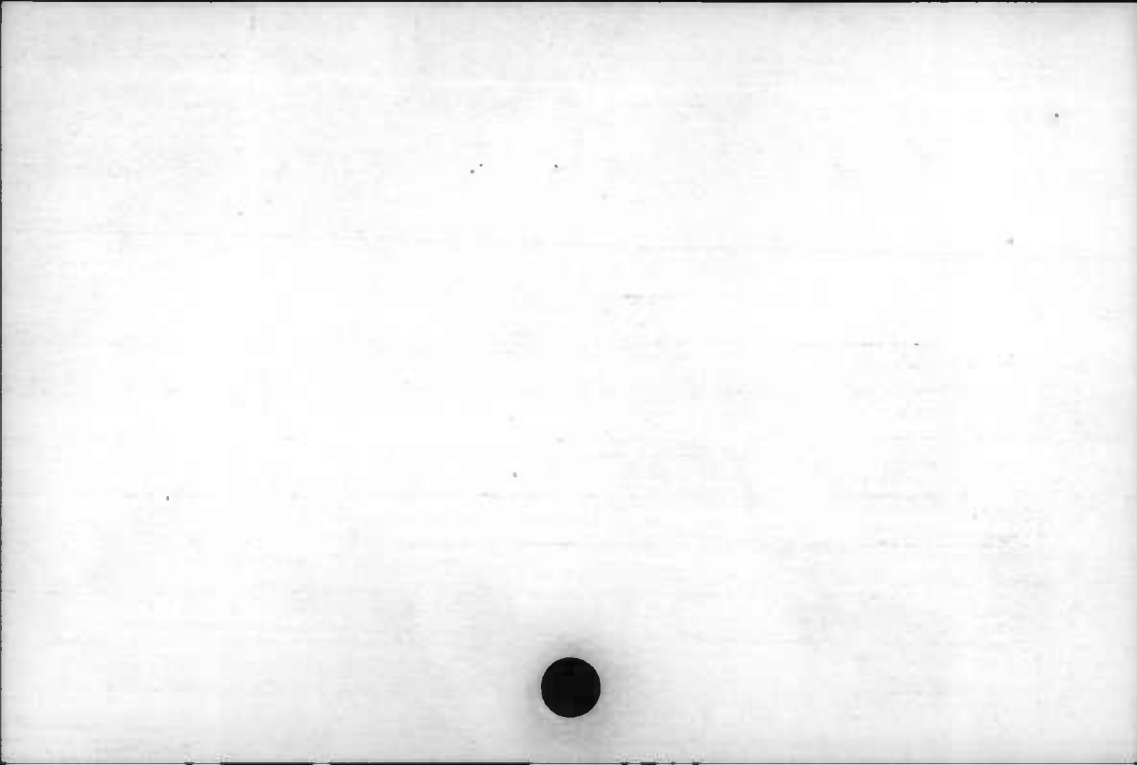
Died at <u>Laurel</u> <sup>Town</sup>		<u>Bruce</u> <sup>County</sup> <u>Georgia's</u>		MARYLAND	
Date of death	1909	Month	May	Day	15
Age	75	Years	6	Months	4
Sex	Male	Color or Race	White	Birth-place	Baltimore.
Occupation	Rubberer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of <del>Wife</del> or Husband	Sarah S. Disney		
Father's Name	James Penagiri			Father's Birthplace	Baltimore.
Mother's Maiden Name	Catherine Rooney			Mother's Birthplace	" "
Name of person giving information	Isabel Penagiri			How related to deceased	Daughter

## CAUSES OF DEATH

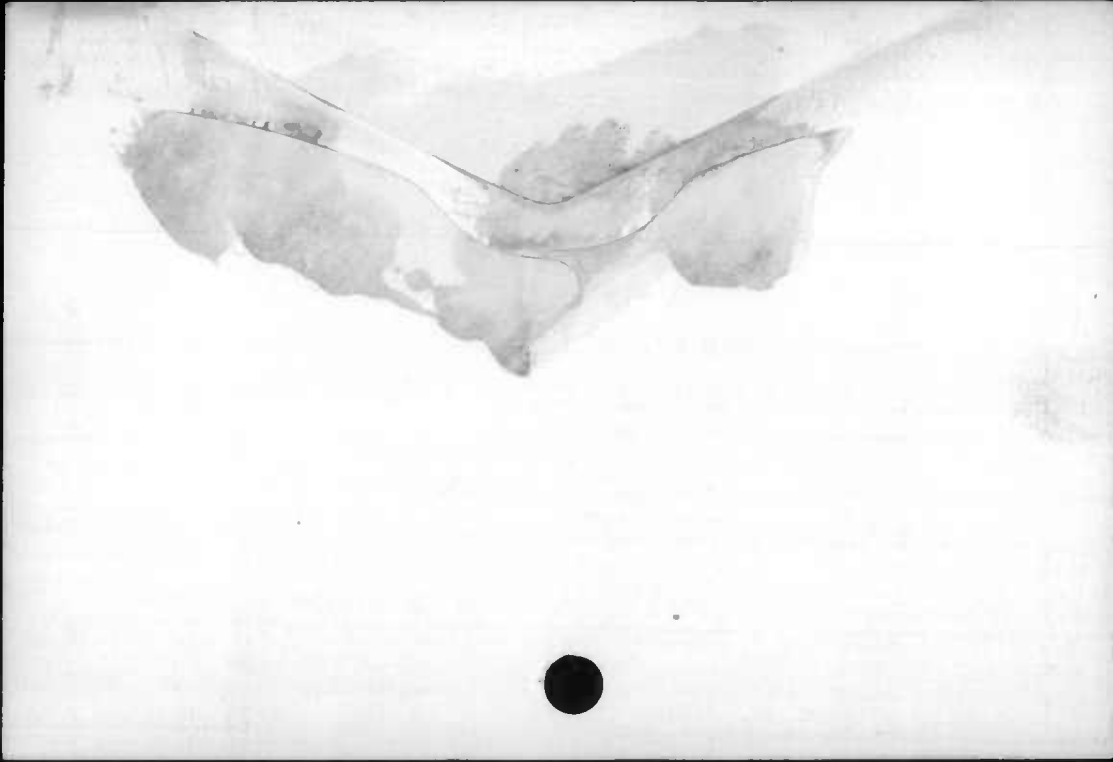
64

PHYSICIAN  
OR CORONER

Primary	<u>Apoplexy</u>	How long	<u>5 Minutes</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Harry F. Frost	
		Address	
		Laurel Md.	
Accident or Suicide?			
no			



Name in Full		Rosetta Fletcher				CERTIFICATE OF DEATH	
Died at		Town Largo		County Prince George		MARYLAND	
Date of death		Month May	Day 30	Age 2	Years 2	Months 11	Days
Sex Female		Color or Race Colored		Birth-place Washington, D.C.			
Occupation None		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name John Fletcher		Father's Birthplace Md.					
Mother's Maiden Name Mary Henry		Mother's Birthplace Md					
Name of person giving information John Fletcher		How related to deceased Father					
<div style="text-align: center;">CAUSES OF DEATH</div>							
Primary		Broncho Pneumonia				How long about one week	
Immediate		Exhaustion & Dyspnoea				How long about 8 hours.	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician R. A. Schoonover			
				Address Benning D.C.			
Accident or Suicide?		—					



Name  
in  
Full

## CERTIFICATE OF DEATH

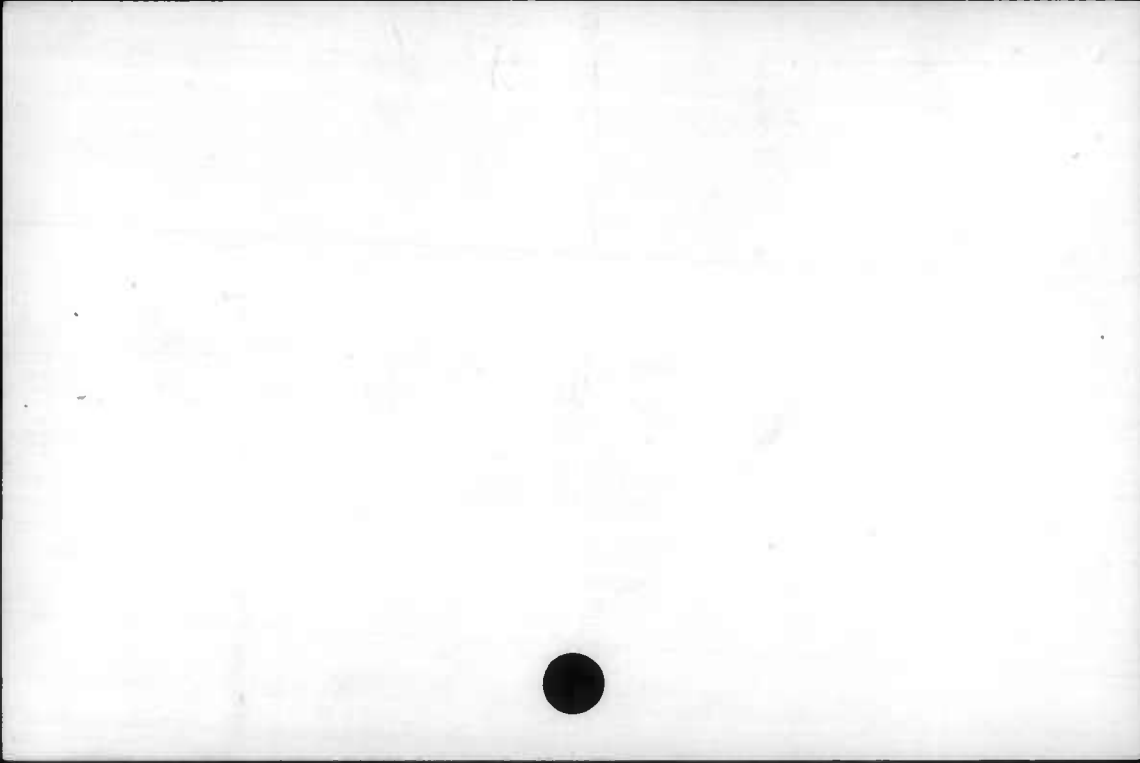
TO BE ANSWERED BY  
NEAREST FRIEND

Priscilla Ford		County		MARYLAND	
Died at		Hupont Heights		P. G. Co.	
Date of death		1909 May 6 <sup>th</sup>		Age 97	
Sex		Female		Color or Race	
Occupation		Housewife		Where Residing if not at place of death	
Married, Single or Widowed		Married		Name of Wife or Husband	
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving Information		J. H. Ford		How related to deceased	
				Step-son	

## CAUSES OF DEATH

Primary	Accidental burns	How long	at once
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	John C. Sanbury M.D.
		Address	Forestville Md.
Accident or Suicide	Accident		

PHYSICIAN  
OR CORNER





Name  
in  
FullChild of Wm. T. and Elmora Gray.

## CERTIFICATE OF DEATH

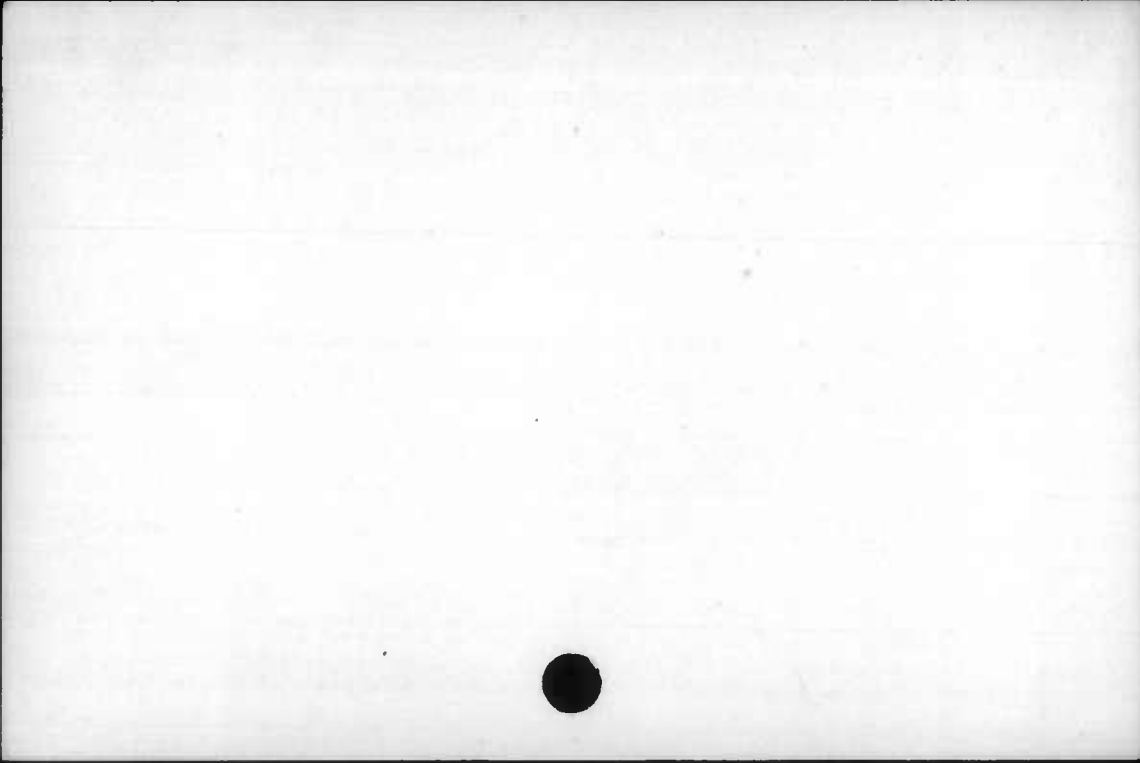
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Brandywine Prince George</u>		Town <u>Prince George</u>		County <u>Prince</u>		State <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>1st</u>	Age <u>Born dead</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Prince Pitt Md.</u>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <u>Wm. T. Gray</u>			Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Elmora Hawkins</u>			Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>Wm. T. Gray</u>			How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still Born</u>	How long	<u>8</u>
Immediate	<u>Still Born</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Acting Coroner</u>	
		Address <u>William H. B. Quivers Jr.</u>	
		<u>Brandywine Md.</u>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		*Town <i>Frederick</i>		County <i>P. E.</i>		MARYLAND	
Date of death	1904	Month	May	Day	27	Age	70
Sex	Male		Color or Race	Black		Birth-place	md.
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Griffin					Father's Birthplace	md
Mother's Maiden Name	Agnes Green					Mother's Birthplace	md
Name of parson giving Information	John B. Green					How related to deceased	Brother, natural

CAUSES OF DEATH

Primary	Unknown	How long	179 Sudden
Immediate	Unknown	How long	" "
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John E. Sansbury M.D.
		Address	Forrestville md
Accident or Suicide	neither		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Edward E. Holloway

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> Rosaryville <sup>County</sup> P.D.  
Date of death 1909 May 20 Age 26 Months 5 Days  
Sex Male Color or Race White Birth-place  
Occupation Farmer Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband Ida C. Holloway  
Father's Name George Holloway Father's Birthplace England  
Mother's Maiden Name Seabrook Mother's Birthplace England  
Name of person giving Information Ida C. Holloway How related to deceased Wife

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Valvular Disease Heart How long 79 1 Yr  
Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Griffith  
Upper Marlboro  
Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Marble</u> Town		<u>H. Lee</u> County		MARYLAND	
Date of death	1909	Month	May	Day	27
Age	80	Years		Months	
Sex	Male	Color or Race	Bk	Birth-place	P. E. Md
Occupation	Laborer -		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Louisa Jackson</u>			
Father's Name	Unknown		Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name	Unknown		Mother's Birthplace <u>Unknown</u>		
Name of person giving Information	<u>Louisa Jackson</u>		How related to deceased <u>Wife</u>		

CAUSES OF DEATH

120

Primary	<u>Bright's disease and Complications</u>	How long	<u>2 yrs</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. C. Griffith</u>	
		Address <u>Upper Marlboro Md</u>	
Accident or Suicide			

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

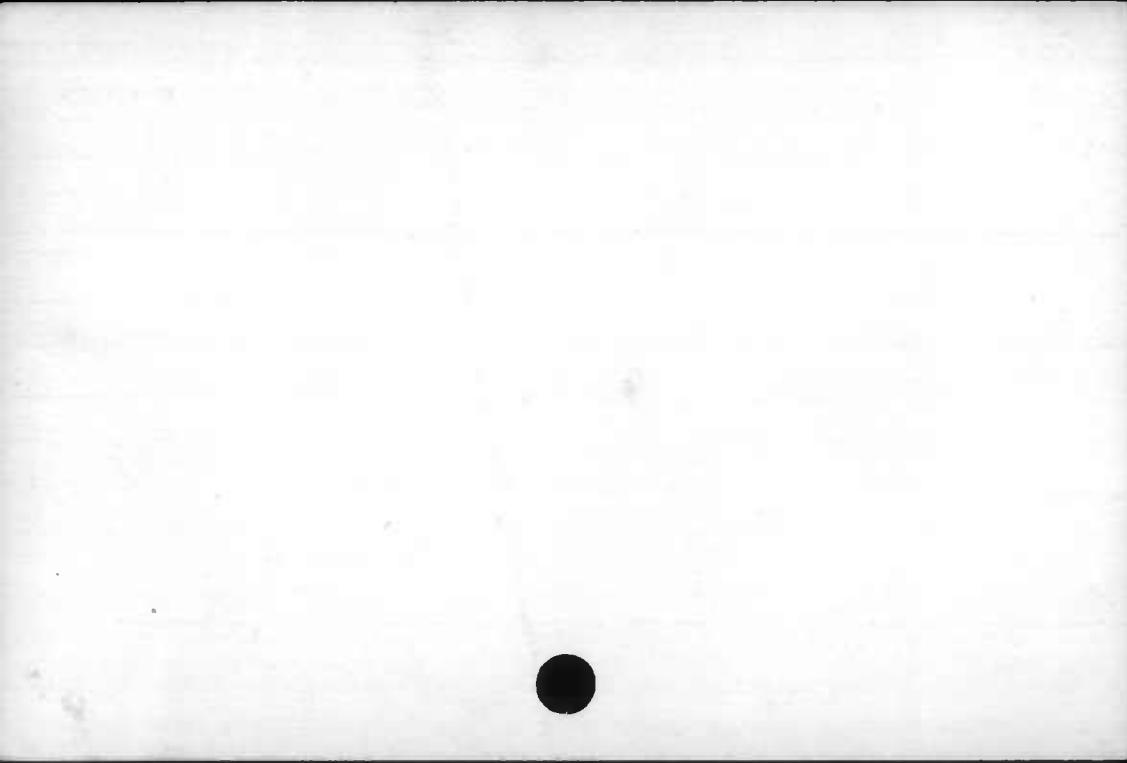
Died at		Town <i>Chiltingham</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death		190	9	Month 2	Day 6	Age about	47
Sex <i>male</i>		Color or Race <i>colored</i>		Birth- place <i>md</i>			
Occupation <i>laborer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>widower</i>		Name of Wife or Husband <i>Pinkney. (Christian name not known)</i>					
Father's Name <i>Lewis Jones</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Mary Jones</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Edw. Hawkins</i>		How related to deceased <i>not related</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Ten (10) yrs</i>
Immediate	<i>Asthma</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above ? <i>yes</i>		Signature of Physician <i>John A. Coe</i>	
		Address <i>212 md</i>	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

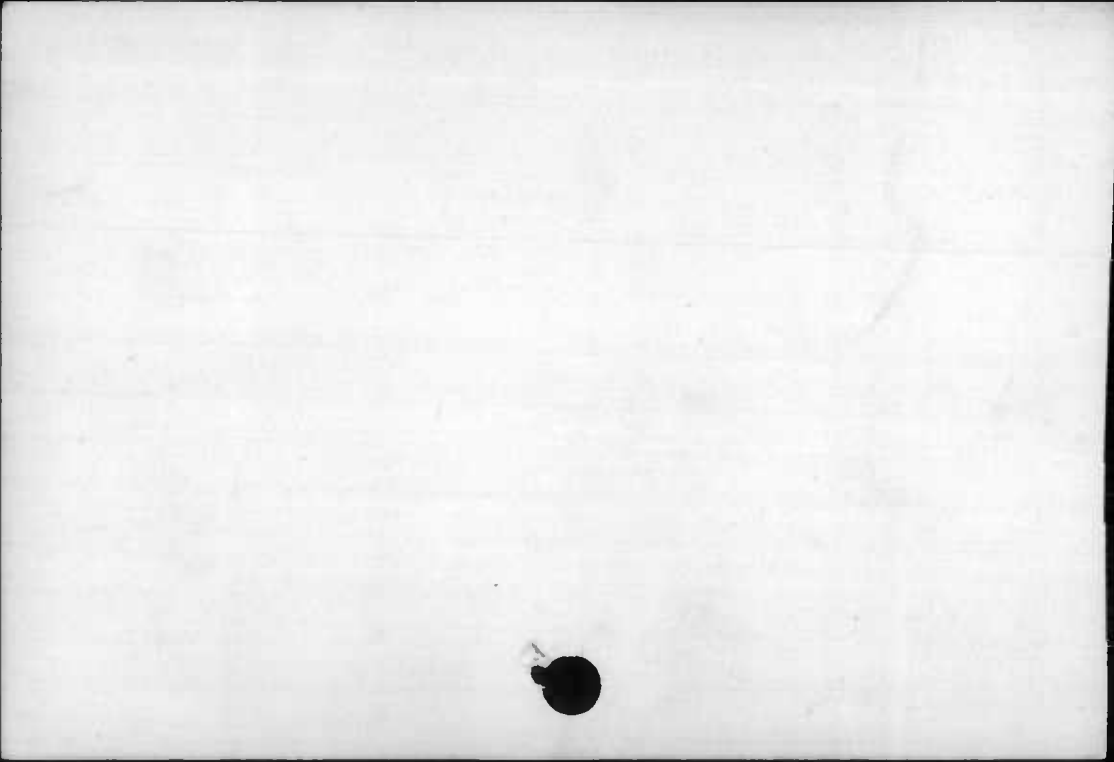
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Clakemont</i> Town		<i>Prince George</i> County		MARYLAND			
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Md.</i>					
Occupation <i>infant</i>	Where Residing if not at place of death <i>—</i>						
<del>Married</del> Single	Name of Wife or Husband <i>—</i>						
Father's Name <i>Robert E. Kraft</i>	Father's Birthplace <i>Ill.</i>						
Mother's Maiden Name <i>Martha E. Geter</i>	Mother's Birthplace <i>Ill.</i>						
Name of person giving information <i>Robt. C. Kraft</i>	How related to deceased <i>father</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>premature birth</i>	How long <i>151</i>
Immediate <i>asthenia</i>	How long <i>2 dys.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. M. Brady</i>
	Address <i>Rembert St. N.E.</i>
Accident or Suicide?	



Name  
in  
Full

Aggie V. Lawson

## CERTIFICATE OF DEATH

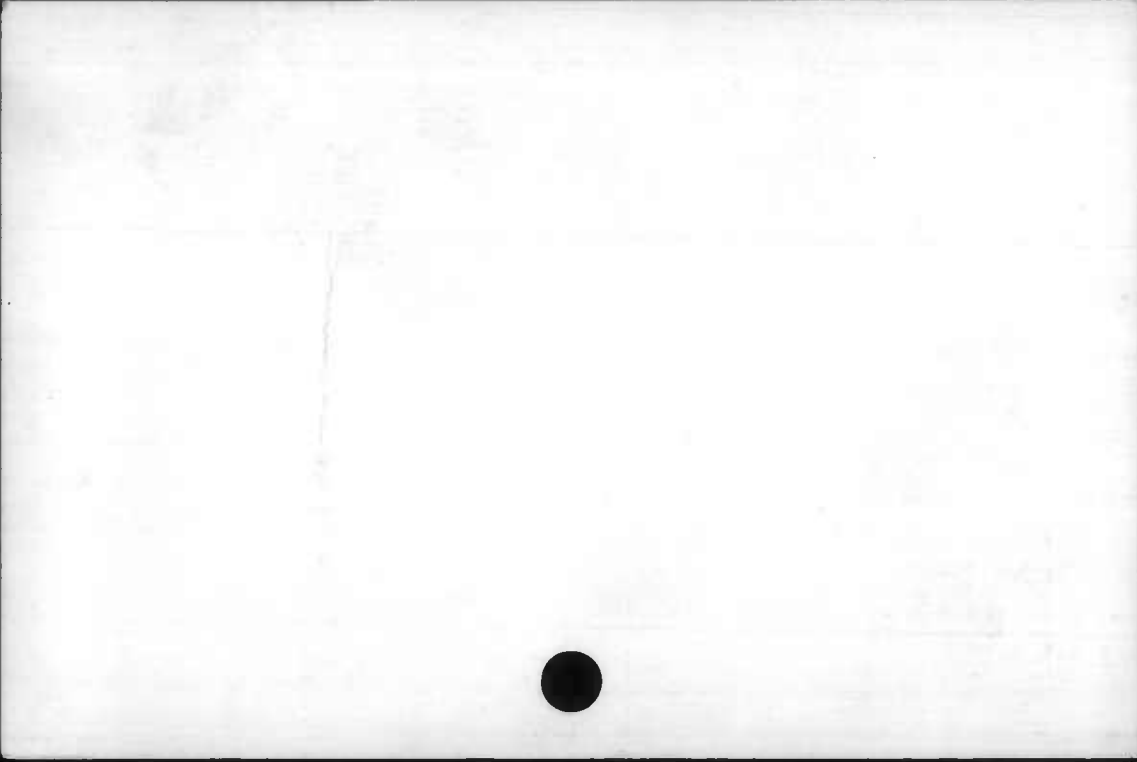
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
near Marlboro		A. Geo					
Date of death		Month	Day	Years	Months	Days	
1909 May 6				Age 43			
Sex	Female	Color or Race	white-		Birth-place	P. O. Md	
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband John E. Lawson			
Father's Name	Thos Garner			Father's Birthplace		P. O. Md	
Mother's Maiden Name	Hysan			Mother's Birthplace		P. O. "	
Name of person giving Information	Thos Garner			How related to deceased		Father	

## CAUSES OF DEATH

Primary	Childbirth -	How long	79
Immediate	Mick C. & Valvular heart trouble	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	L. A. Giffeth
		Address	Upper Marlboro Md
Accident or Suicide			

PHYSICIAN  
OR CORONER



Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Thereliza Serri*

Died at *near Saul* Town *Prince George* County *MARYLAND*

Date of death *1909* Month *May* Day *30* Age *30* Years Months Days

Sex *Female* Color or Race *black* Birth-place *md*

Occupation *Housework* Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *married* Name of Wife or Husband *unknown*

Father's Name *Thomas Cootley* Father's Birthplace *md*

Mother's Maiden Name *Saura Waters* Mother's Birthplace *md*

Name of person giving information *Tom Thomas* How related to deceased *none*

## CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary *Pneumonitis (non-bacterial)* How long *1 week*

Immediate *Heart Failure* How long *24 hours*

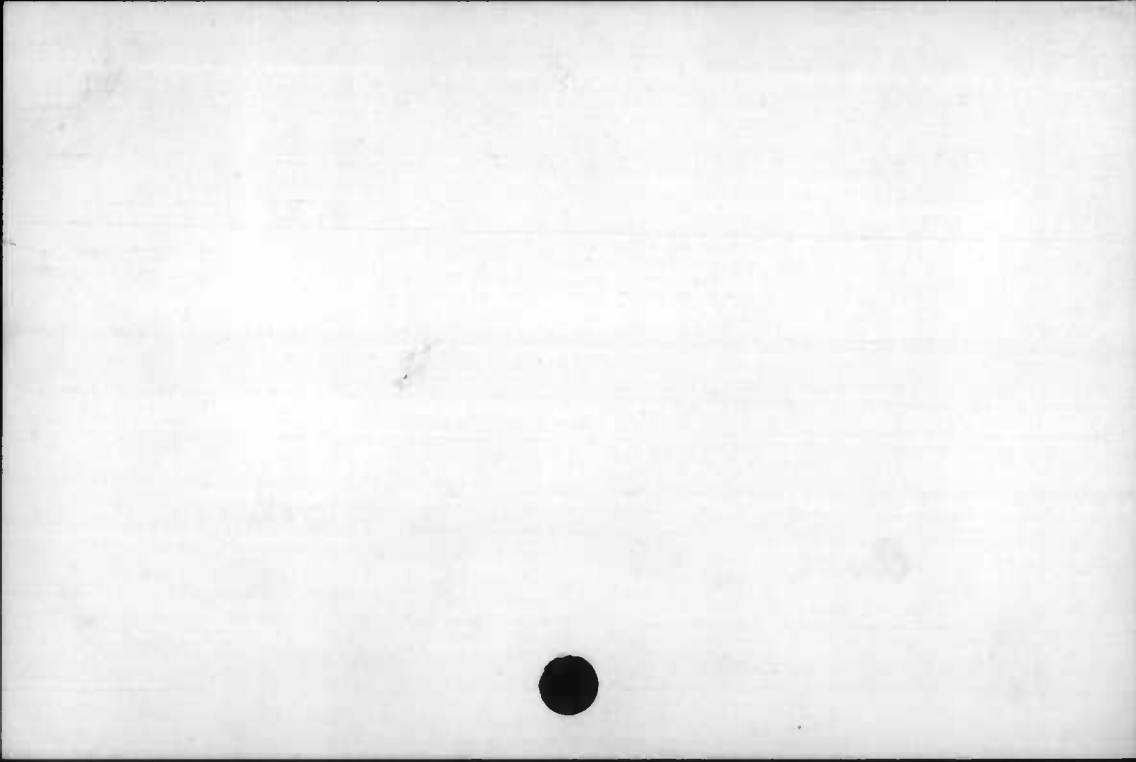
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. R. C. Harley*

Address *Saul*

*Unable to ascertain cause of pneumonitis.*

Accident or Suicide? *No*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Jos. L. Lorenz* Town *Frederick, Md.* County *Frederick*

Died at *Frederick, Md.*

Date of death *1909* Month *May* Day *15* Age *49* Years Months *1* Days *20*

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Bar-Tender* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *Sharon*

Father's Name *L. Lorenz* Father's Birthplace *Ohio*

Mother's Maiden Name *Mary Verbeek* Mother's Birthplace *Germany*

Name of person giving information *J. O. Lorenz* How related to deceased

## CAUSES OF DEATH

Primary *Tuberculosis* *27* How long *Two weeks*

Immediate *Exhaustion* How long *Short*

Are the name, age, sex, color, date and place correctly given above?

*H*

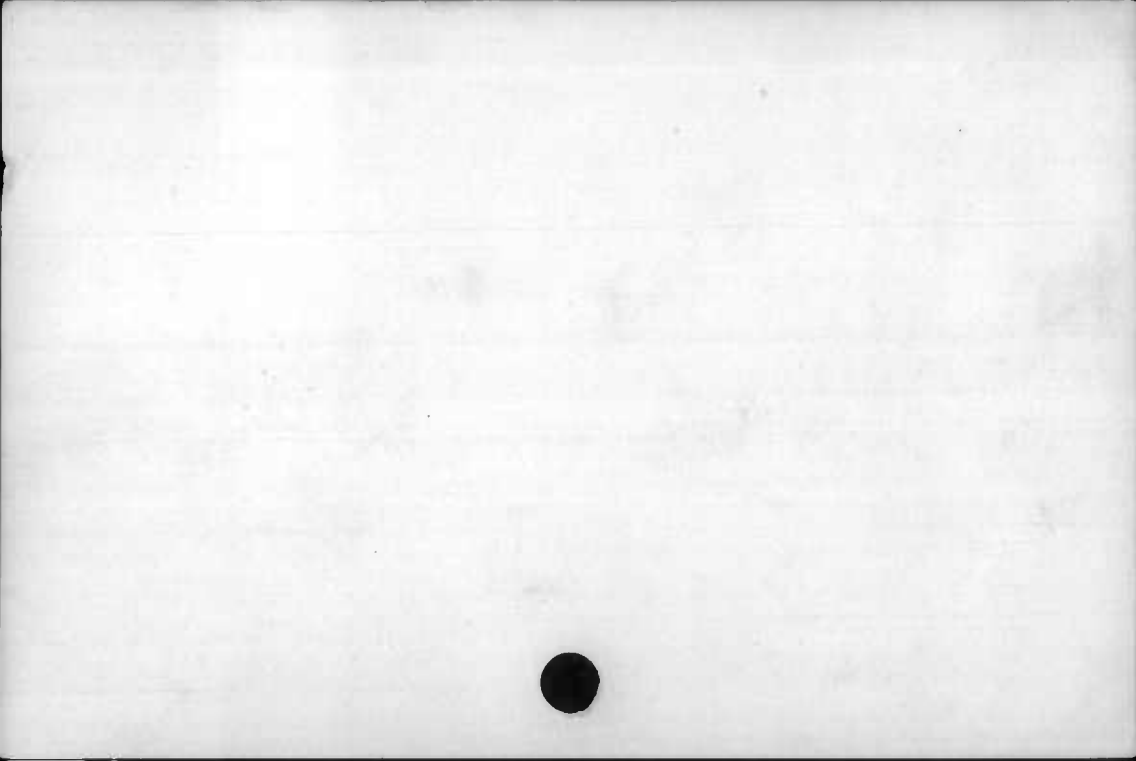
Signature of Physician

*J. O. Duomo, M.D.*

Address

*Waldorf**Md.*

Accident or Suicide?



Name  
in  
Full

Annie C. Lusby.

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Seat Pleasant <sup>County</sup> Prince George MARYLANDDate of death 1909. <sup>Month</sup> May <sup>Day</sup> 18<sup>th</sup> <sup>Years</sup> 49 <sup>Months</sup> <sup>Days</sup>

Sex Female Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

~~Married~~ Single Name of Wife or Husband

Father's Name William A. Lusby. Father's Birthplace Md.

Mother's Maiden Name Sarah A. Carrick (93) Mother's Birthplace Md

Name of person giving information William A. Lusby How related to deceased Father.

## CAUSES OF DEATH

Primary Pneumonia How long About 4 days

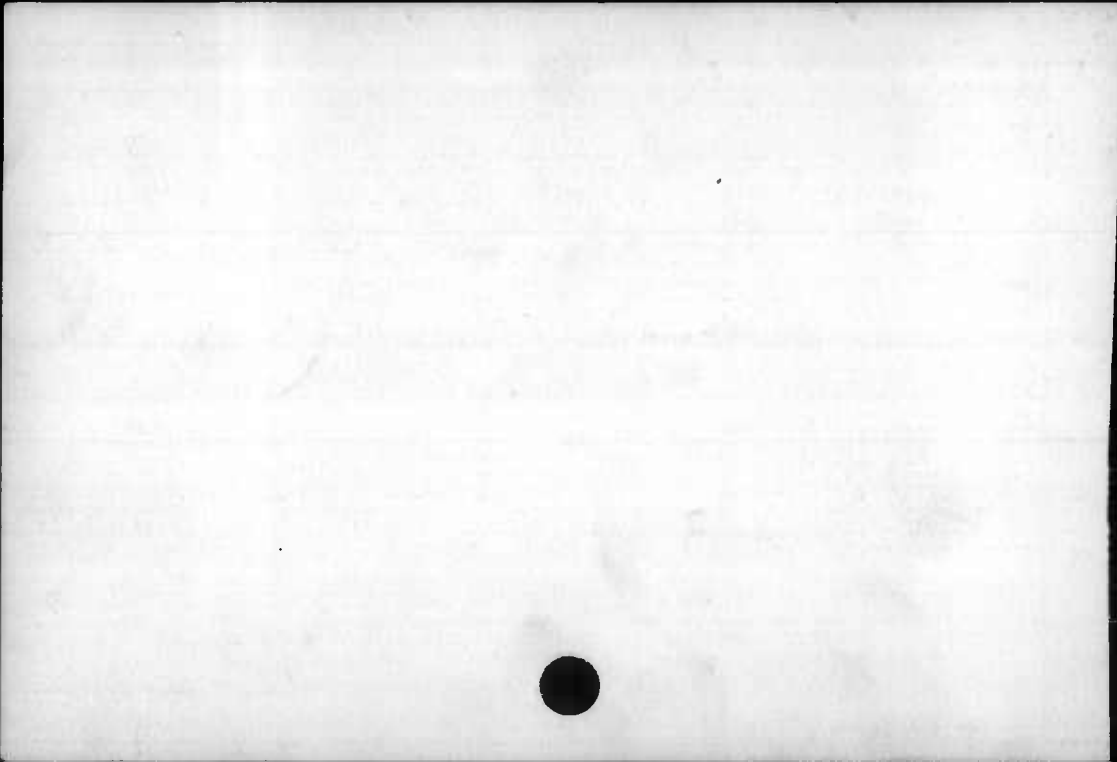
Immediate Dyspnoea &amp; cardiac failure How long about 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician R. A. Schoonover

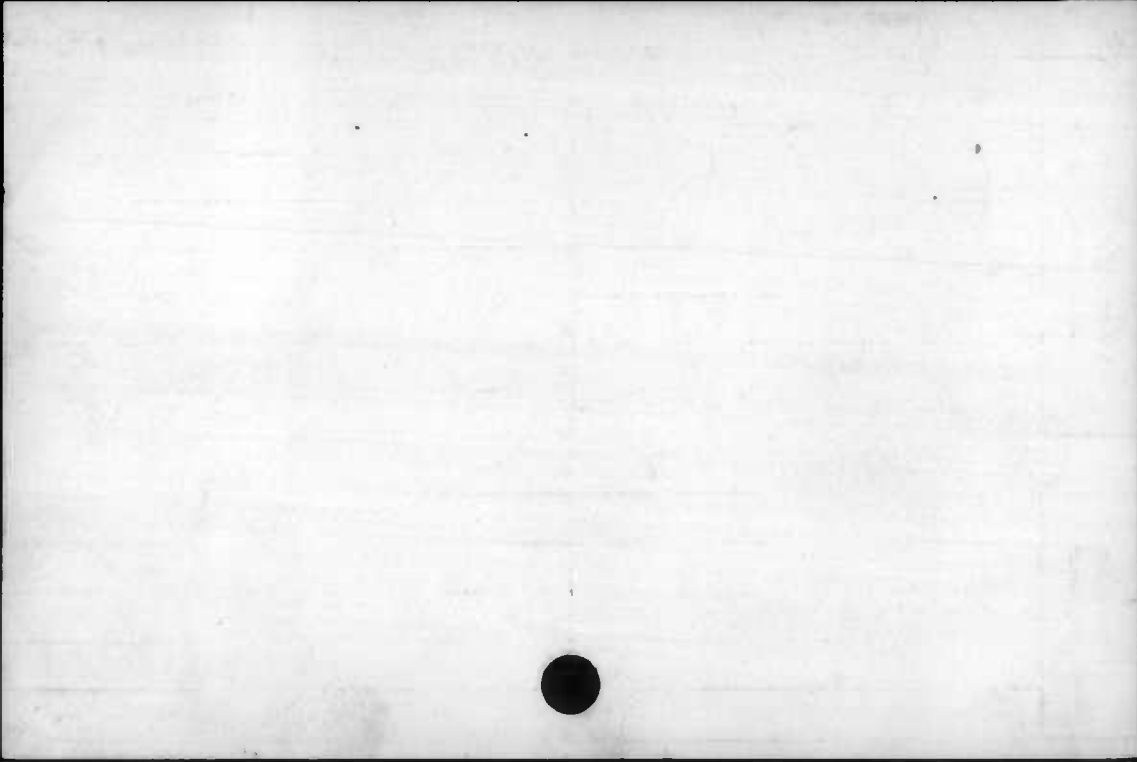
Address Beuning D.C.

Accident or Suicide? No.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full <b>George Maddox</b>		CERTIFICATE OF DEATH	
Died at <b>Lanham</b> Town		County <b>Geo</b>	
Date of death <b>1909</b> Month <b>May</b> Day <b>5</b>		Age <b>71</b> Years Months Days	
Sex <b>Male</b>		Color or Race <b>White</b>	
Occupation <b>Laborer</b>		Birth-place <b>Ind</b>	
Where Residing if not at place of death <b>Lanham</b>			
Married, Single <input checked="" type="checkbox"/> Widowed <b>Yes</b>		Name of Wife or Husband	
Father's Name <b>John Maddox</b>		Father's Birthplace <b>Ind</b>	
Mother's Maiden Name <b>Lizzie Bartley</b>		Mother's Birthplace <b>Ind</b>	
Name of person giving information <b>Hubert Bartley</b>		How related to deceased <b>bro</b>	
CAUSES OF DEATH			
Primary <b>Senile Debility</b>		How long <b>154</b>	
Immediate <b>—</b>		How long <b>3 yrs.</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>W. F. Taylor M.D.</b>	
		Address <b>Laurel Ind</b>	
Accident or Suicide?			



Name  
in Full

Charles Chester Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Muir Kirk <sup>County</sup> Pr. Geo. **MARYLAND**  
 Date of death 1909 <sup>Month</sup> 5 <sup>Day</sup> 15 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 11 <sup>Days</sup> 5  
 Sex Male Color or Race Birth-place Muir Kirk  
 Occupation Child Where Residing if not at place of death Muir Kirk

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Isaac Matthews Father's Birthplace Muir Kirk

Mother's Maiden Name Annie B. Conway Mother's Birthplace Muir Kirk

Name of person giving Information J. A. Conway How related to deceased Cousin

CAUSES OF DEATH

93

Primary Pneumonia How long 2 days  
 ImmEDIATE \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. F. Taylor M.D.  
 Address Laurel Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Wm Matthews

Town

Laurel

County

Bowie Geo

MARYLAND

Date  
of death

1909

Month

5

Day

25

Age

33

Months

—

Days

Sex

male

Color or  
Race

black

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Married

Name of Wife  
Husband

Mona Matthews

Father's  
Name

Frank Matthews

Father's  
Birthplace

Md

Mother's  
Meiden Name

Amelia Dorsey

Mother's  
Birthplace

Md

Name of person giving  
Information

Frank Miller

How related  
to deceased

Slipfather

## CAUSES OF DEATH

Primary

Valvular Heart disease

How long

3 mos

Immediate

Cardiac Asthenia

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

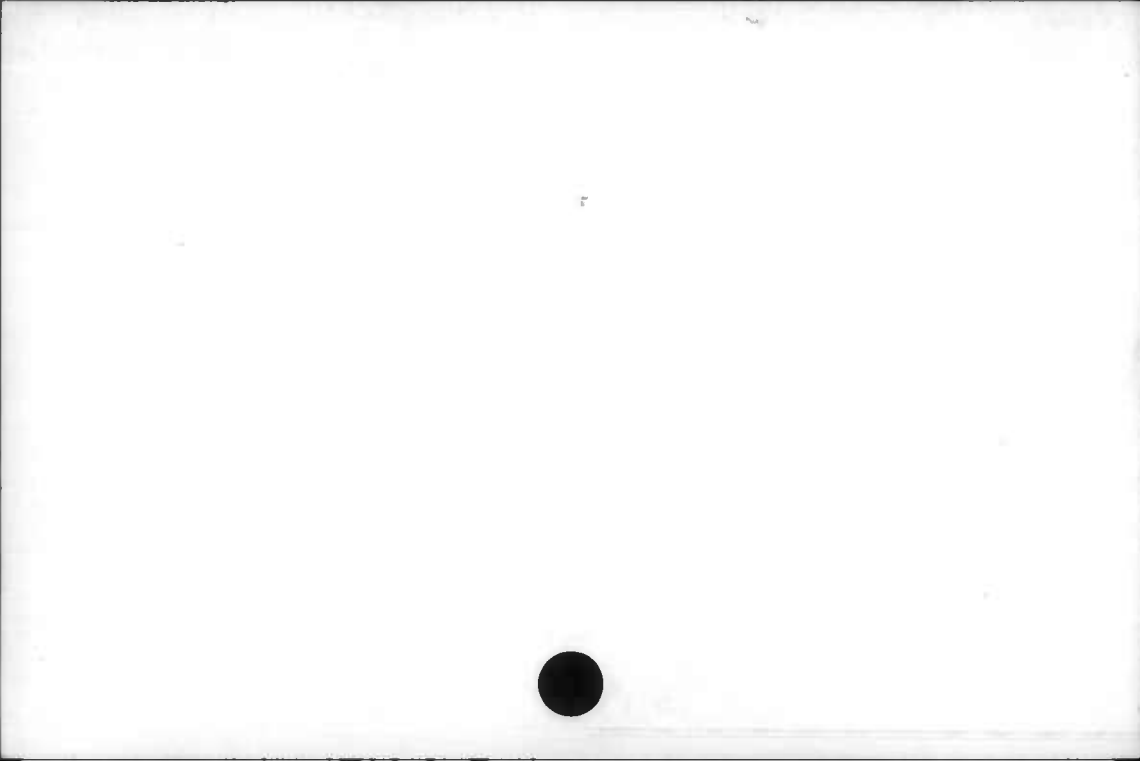
W. F. Taylor

Address

Laurel Md

Accident or Suicide

PHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Dales P.O.</i>		Town <i>Prince Georges</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>May</i>	Day <i>5th</i>	Age <i>78</i>	Months	Years	Days	
Sex <i>Male</i>	Color or Race <i>Mulatto</i>		Birth-place				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at home</i>						
Married, <del>Single</del> or Widowed	Name of Wife or Husband <i>Mary Olivia Proctor</i>						
Father's Name <i>John Proctor</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Nancie Proctor</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Mary O. Proctor</i>	How related to deceased <i>Wife</i>						

## CAUSES OF DEATH

Primary *old age debility and over exertion* How long *154*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

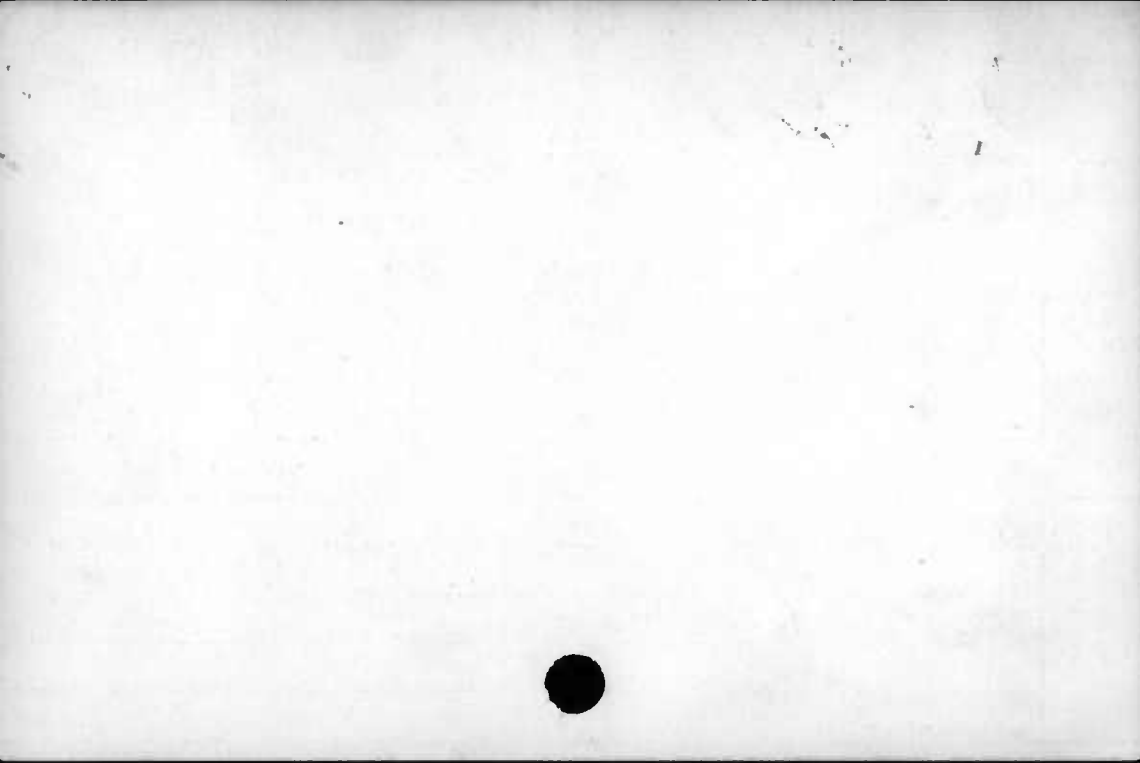
Signature of Physician

*Wm. A. Marbury / M.D.*

Address

*Aquasco Maryland*

Accident or Suicide?



Name  
in  
Full

Robert Lee Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

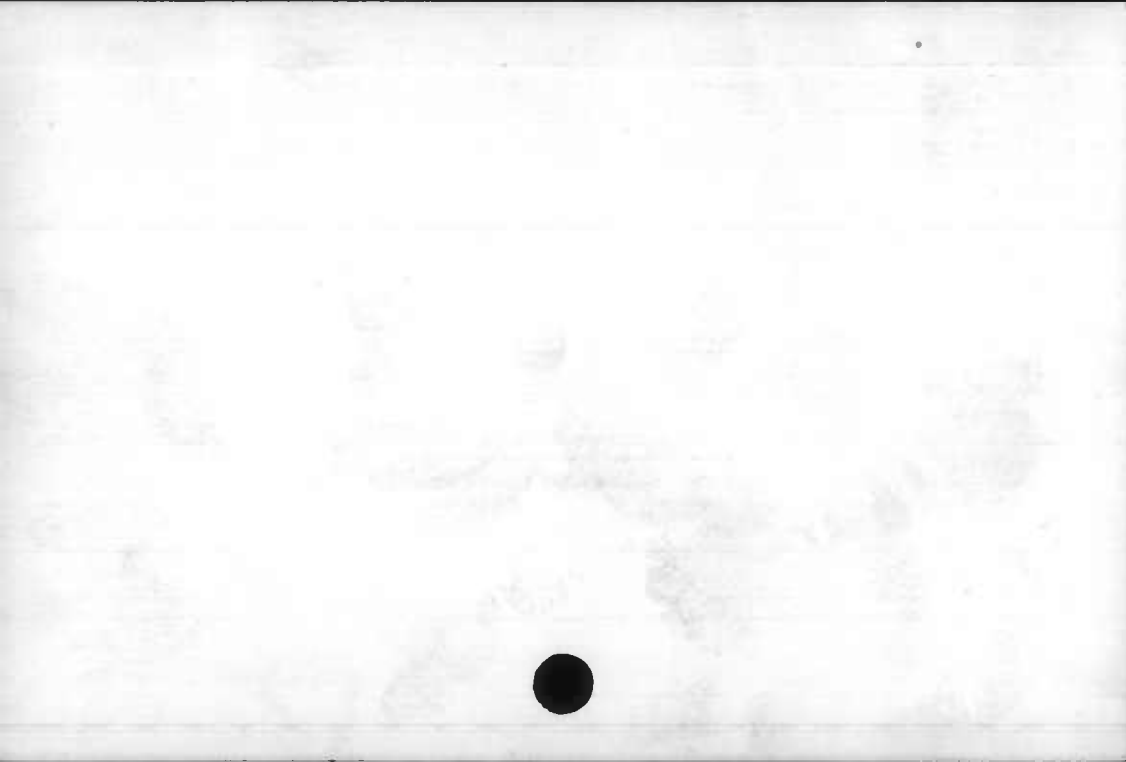
Died at		Town Rosaryville		County Princes Georges		MARYLAND	
Date of death	1909	Month May	Day 17	Age	17	Years	Months
Sex	Male		Color or Race	Colored		Birth-place	Md
Occupation	Farm Labor			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Eugene Proctor				Father's Birthplace	Md	
Mother's Maiden Name	Mary I. Butler				Mother's Birthplace	Md	
Name of person giving Information	Henry I Butler				How related to deceased	Uncle	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	2 years
Immediate	Asthma		How long	about 10 years
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. H. Gibbons
			Address	Croome Md.
<del>Accident or Suicide</del>				



Name  
in  
Full

*Thm. T. Queen*

CERTIFICATE OF DEATH

Died at *Riverdale* Town *Prince Geo.* County *MARYLAND*

Date of death 190 *9* Month *May* Day *2* Age *—* Years *7* Months *—* Days *—*

Sex *boy* Color or Race *colored* Birth-place *md*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Basil Queen* Father's Birthplace *md*

Mother's Maiden Name *Elizabeth A Hawkins* Mother's Birthplace *md*

Name of person giving Information *Basil Queen* How related to deceased *Father*

CAUSES OF DEATH

Primary *measles* How long *8*

Immediate *Pneumonia* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. E. Ratner*

Address *Hyattsville*

Accident or Suicide *—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1/10/10  
1/10/10

1/10/10  
1/10/10



Name  
in  
Full

Louis David Randall Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

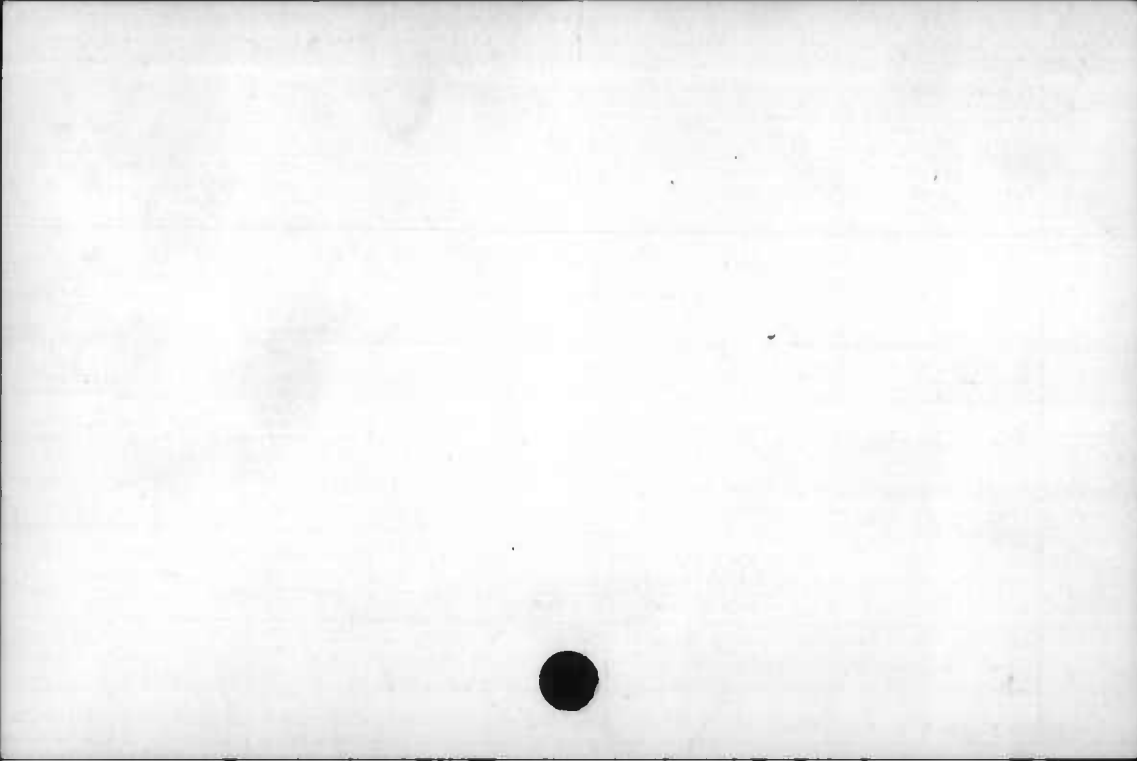
Died at <i>Mitchellville</i> <small>Town</small>		<i>Prince George</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	May	Day	18 <sup>th</sup>
Age		Years	6	Months	4
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Louis D. Randall</i>		Father's Birthplace	Maryland
Mother's Maiden Name		<i>Catherine Johnson</i>		Mother's Birthplace	Maryland
Name of person giving information		<i>Louis D. Randall</i>		How related to deceased	Father

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>15 days.</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>A. J. Hinkel.</i>	
		Address	
		<i>Hall, Md.</i>	
Accident or Suicide?			
<i>Yes</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

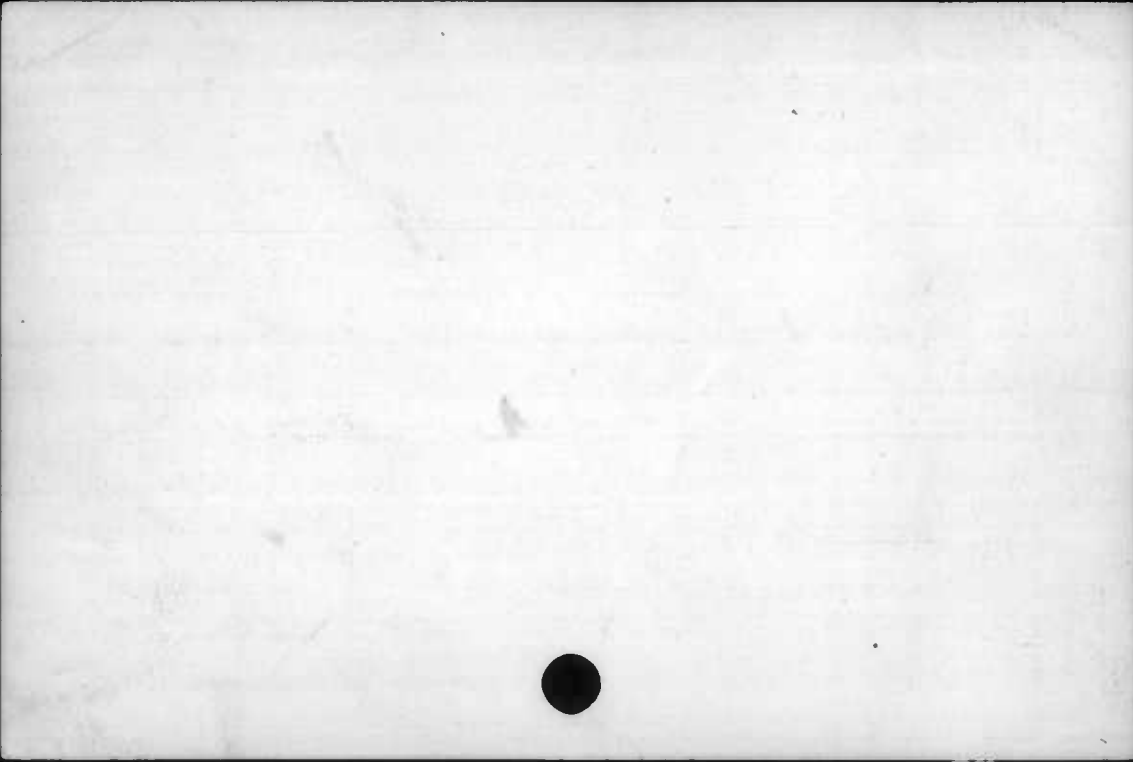
Name in Full <b>Henry F. Reh</b>		Town <b>Hyattsville</b>		County <b>Prince Georges</b>		MARYLAND	
Died at <b>Hyattsville</b>		Month <b>May</b>		Day <b>19th</b>		Age <b>62</b>	
Date of death <b>1909</b>		Years <b>62</b>		Months		Days	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Germany</b>			
Occupation <b>Retired Merchant</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>unknown</b>					
Father's Name <b>Fred Reh</b>		Father's Birthplace <b>Germany</b>					
Mother's Maiden Name <b>unknown</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Augusta Reh</b>		How related to deceased <b>Wife</b>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <b>Diabetes</b>	How long <b>Several Months</b>
Immediate <b>Apoplexy</b>	How long <b>Instantly</b>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>C. W. Birdwell M.D.</b>
<b>As near as possible</b>	Address <b>Hyattsville Md.</b>
Accident or Suicide? <b>—</b>	



Name  
in  
Full

William Frederick Scherer Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Int. Rainier</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	5	Day	4
Age	2	Months	5	Days	11
Sex	Male	Color or Race	White	Birth-place	Washington D.C.
Occupation	—		Where Residing if not at place of death —		
Married, Single or Widowed	—		Name of Wife or Husband —		
Father's Name	William F. Scherer			Father's Birthplace	Baltimore Md.
Mother's Maiden Name	Lothe Feller			Mother's Birthplace	Paris, Louisiana
Name of person giving information	William F. Scherer			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>	How long	<i>9 days</i>
Immediate	<i>Pneumonia - Pneumonia</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. Halley M.D.</i>
		Address	<i>Int. Rainier Md.</i>
Accident or Suicide?			



Name  
in  
Full

Donald D. Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

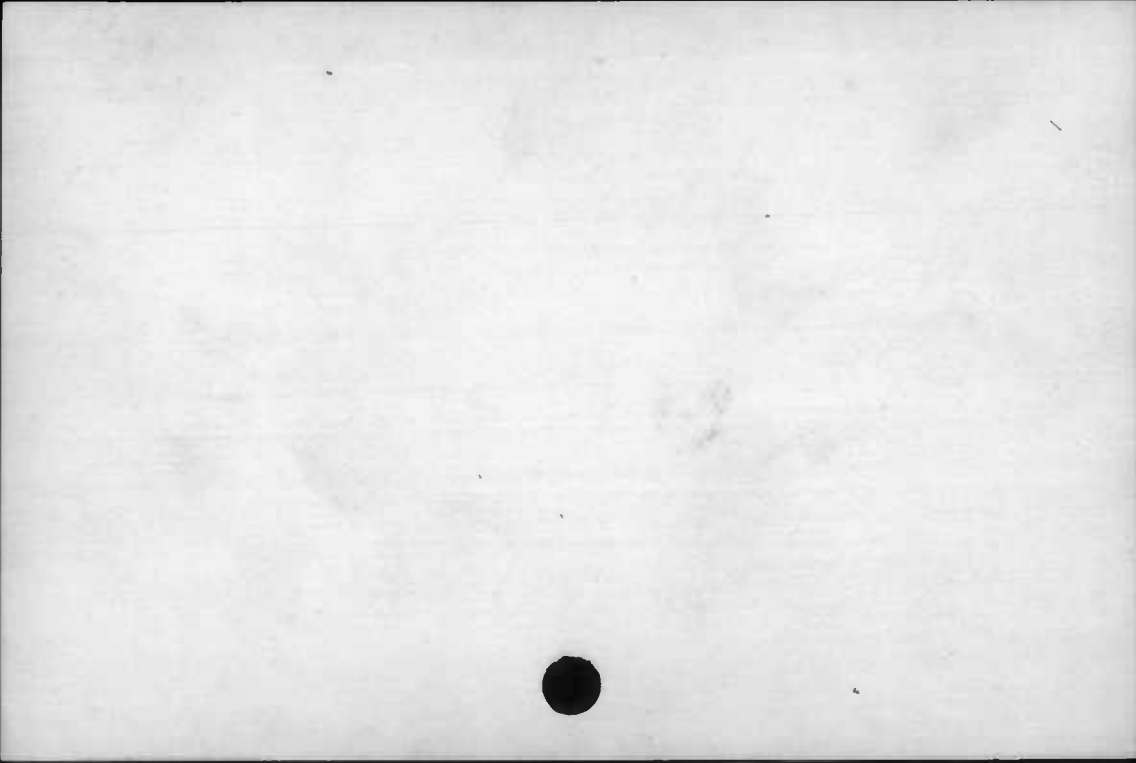
Died at <i>Friendly</i> <sup>Town</sup>		<i>Prince Geo</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	May	Day	6
Age	3	Years		Months	4
Sex	male	Color or Race	white	Birth-place	M-d
Occupation	child		Where Residing if not at place of death <i>Friendly</i>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas A Taylor			Father's Birthplace	M-d
Mother's Maiden Name	Aggie Thorn			Mother's Birthplace	M-d
Name of person giving information	Wm. F. Taylor			How related to deceased	Uncle

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary	<i>Rachitis</i>	How long	<i>2 years</i>
Immediate	<i>Acute Hydrocephalus</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. M. Parker M.D.</i>
		Address	<i>Congress Heights</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

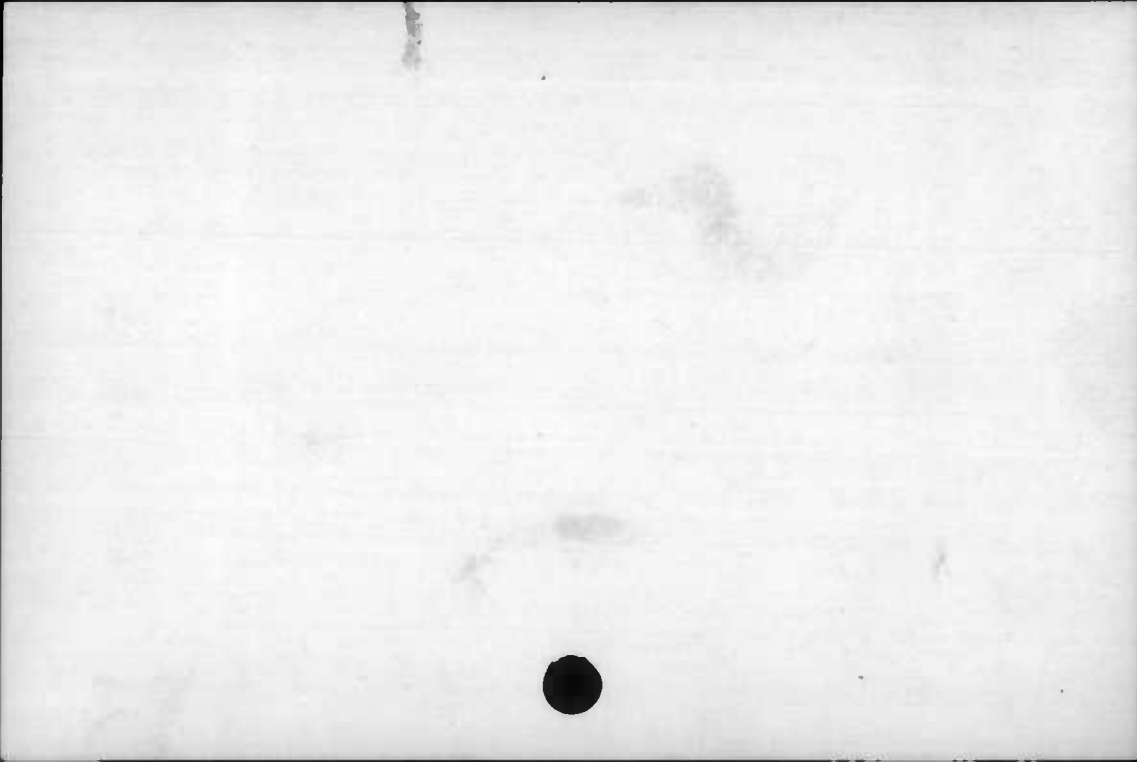
Died at <i>Rose Croft</i> <sup>Town</sup>		<i>Prince Geo</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1909</i>	Month <i>May</i>	Day <i>13</i>	Years <i>53</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>M-d</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>Rose Croft M-d</i>					
<del>Married, Single or Widowed</del>	Name of Wife or Husband <i>Hugh Thompson</i>					
Father's Name <i>—</i>	<i>Unknown</i>		Father's Birthplace <i>M-d</i>			
Mother's Maiden Name <i>—</i>	<i>Unknown</i>		Mother's Birthplace <i>M-d</i>			
Name of person giving information <i>Daniel Thompson</i>			How related to deceased <i>Son</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease</i>	How long <i>6 months</i>
Immediate <i>Asthenic</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Parker M.D.</i>
	Address <i>Congress Heights D.C.</i>
Accident or Suicide?	



Name  
in  
Full

Darnice Tibbles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>House of Refractories, Cheltenham, Md</i>		County <i>Geo</i>		MARYLAND	
Date of death	1909	Month	May	Day	28
Age	14	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Florida
Occupation	Inmate		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	William Tibbles			Father's Birthplace	Florida
Mother's Maiden Name	Furrella Mungate			Mother's Birthplace	Florida
Name of person giving Information	John B. Pyles Supt			How related to deceased	None

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	2 years
Immediate	As the cause		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>W. H. Gibbons</i>	
		Address	<i>Crown and</i>	
Accident or Suicide				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at

Date

of death

1909

Month

Day

Age

Years

Months

Days

Sex

Occupation

Color or  
RaceBirth-  
placeWhere Residing if not  
at place of death~~Married~~; Single  
~~or Widowed~~Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maides NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

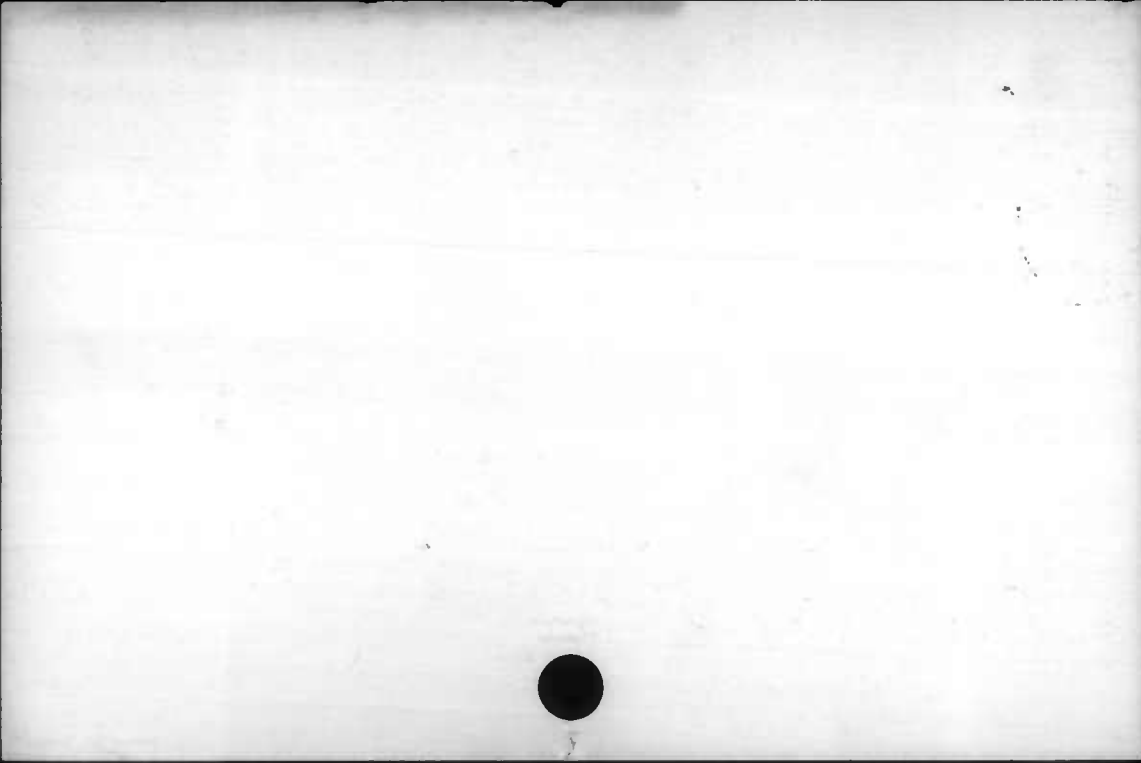
How long

Are the name, age, sex, color, date  
and place correctly given?Signature of  
Physician

Address

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Willie Ann Wood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

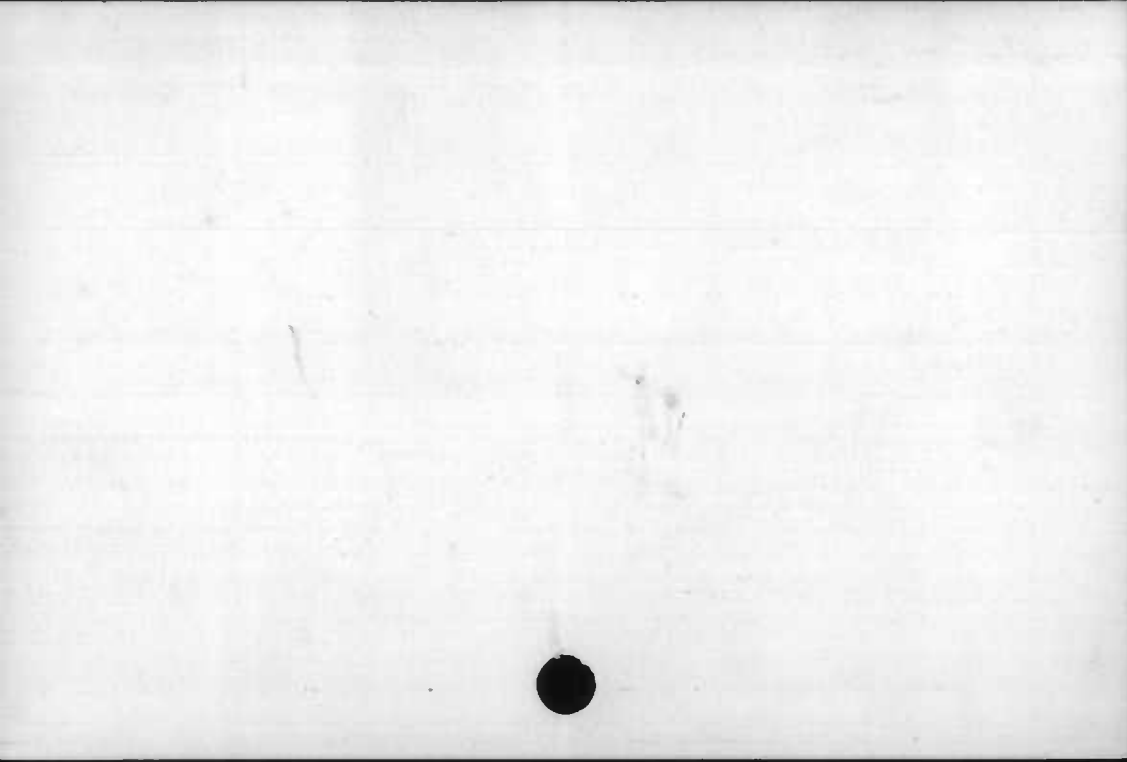
Died at		Town Woodman Md.		County Prince George		MARYLAND	
Date of death		1909	Month May	Day 31	Age 68	Years	Months Days
Sex Female		Color or Race white		Birth- place P. G. Ind.			
Occupation Farm wife		Where Residing if not at place of death Near Collington					
Married, Single or Widowed Married		Name of Wife or Husband Grace Wood					
Father's Name Rev. Dancy		Father's Birthplace P. G. Ind.					
Mother's Maiden Name Mary A. Dancham		Mother's Birthplace P. G. Ind.					
Name of person giving information Albert R. Chaney		How related to deceased None					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Lobar Pneumonia	How long	Five days
Immediate	Cardiac Asthenia	How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. M. Durrall M.D.	
		Address Springfield Ind.	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

John Harvey Wigginton

Town

County

Died at

Brentwood

Prince Georges

MARYLAND

Date

of death 1909

Month

May

Day

21

Age

Years

44

Months

—

Days

Sex

male

Color or  
Race

Colored

Birth-  
place

Md

Occupation

Teacher

Where Residing if not  
at place of death

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Mahalath Jackson

Father's  
Name

John H. Wigginton

Father's  
Birthplace

Va

Mother's  
Maiden Name

Laura Addison

Mother's  
Birthplace

Md

Name of person giving  
In formation

Mahalath Wigginton

How related  
to deceased

Wife

CAUSES OF DEATH

62

Primary

Folies Darralis

How long

Seven or Eight Days

Immediate

Ethamtion

How long

Progressing from Start

Are the name, age, sex, color, date  
and place correctly given above?

yes -

Signature of  
Physician

Address

Approximately



W. T. Dinsdale M.D.  
Hyattsville  
Md.

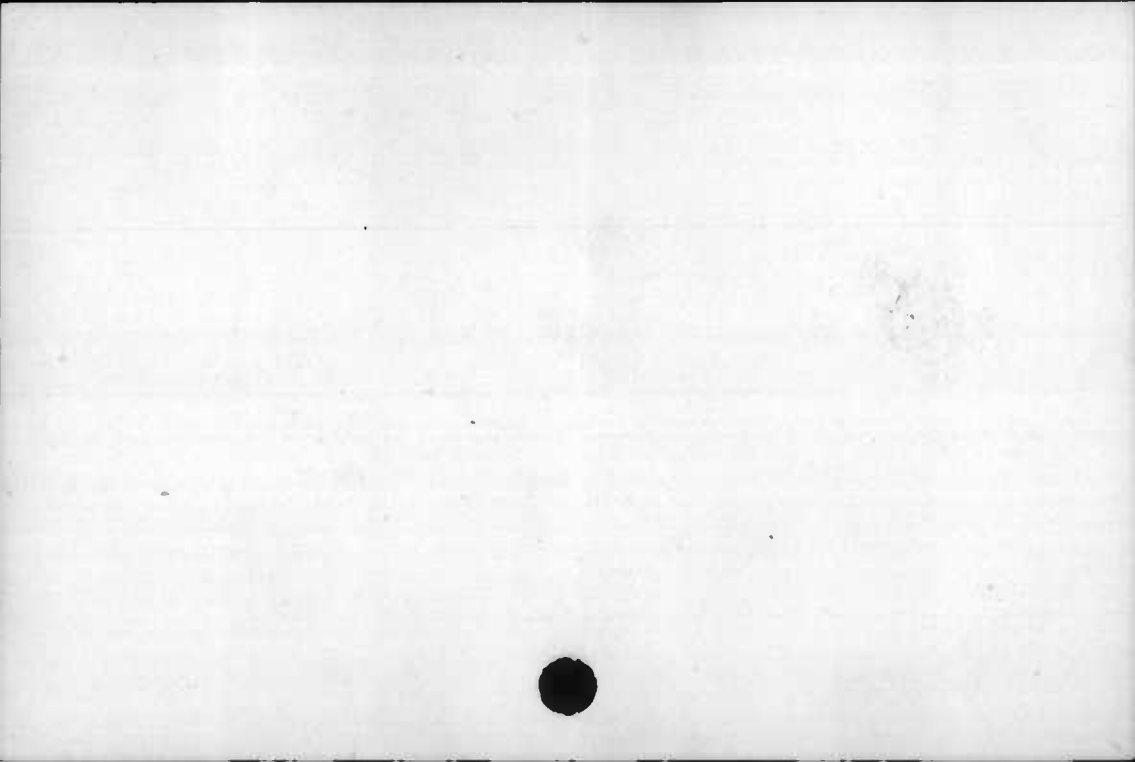
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full		Certificate of Death			
Sarah Wilson		MARYLAND			
Died at		Camp Springs		County Prince George	
Date of death		1909	Month 3	Day 18	Age 32
Sex		Female	Color or Race		Black
Occupation		Housewife	Birth-place		md.
Where Residing if not at place of death					
Married, Single or Widowed		Married	Name of Wife or Husband		Asie Wilson
Father's Name		Unknown	Father's Birthplace		Unknown
Mother's Maiden Name		Unknown	Mother's Birthplace		Unknown
Name of person giving information		Scott Annsbong	How related to deceased		None
CAUSES OF DEATH					
Primary		Cardiac Asthma		How long 4 years	
Immediate		Asthemia Dropsy		How long 6 mo.	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician John E. Annsbong	
Address		Forestville		md.	
Accident or Suicide?		Neither			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pitchie</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	5	Day	4
Age	1	Years	1	Months	1
Sex	Male	Color or Race	White	Birth-place	md
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Richard W. Wason		Father's Birthplace	md	
Mother's Maiden Name	Rosa Hutchinson		Mother's Birthplace	md	
Name of person giving Information	Leonard Hutchinson		How related to deceased	Uncle	

CAUSES OF DEATH

10

PHYSICIAN  
OR CORNER

Primary	<i>Grippe</i>	How long	<i>3 days</i>
Immediate	<i>Spinal Meningitis</i>	How long	<i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John E. Bausch</i>
		Address	<i>Gorreville</i>
Accident or Suicide	<i>Neither</i>		<i>md</i>

Frank Wood

Forestville Md P. E.

Name  
in Full

Annie Elizabeth Kyle

CERTIFICATE OF DEATH

Died at Beltsville

Town

County

Prince Georges

MARYLAND

Date of death 1909 May 1st.

Month

Day

Age 73

Years

Months

Days

Sex Female

Color or Race White

Birthplace Montgomery Co. Md.

Occupation Housekeeper

Where Residing if not at place of death

Married, Single or Widowed Widow

Name of Wife or Husband William J. Kyle

Father's Name Hamilton Cashell

Father's Birthplace Montgomery Co. Md.

Mother's Maiden Name Angeline Jewell

Mother's Birthplace Montgomery Co. Md.

Name of person giving Information Herbert J. Frey

How related to deceased Son in Law

CAUSES OF DEATH

47

Primary

Chronic Rheumatism & Endocarditis

How long

6 years

Immediate

Athemia

How long

4 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

A. J. Ewing

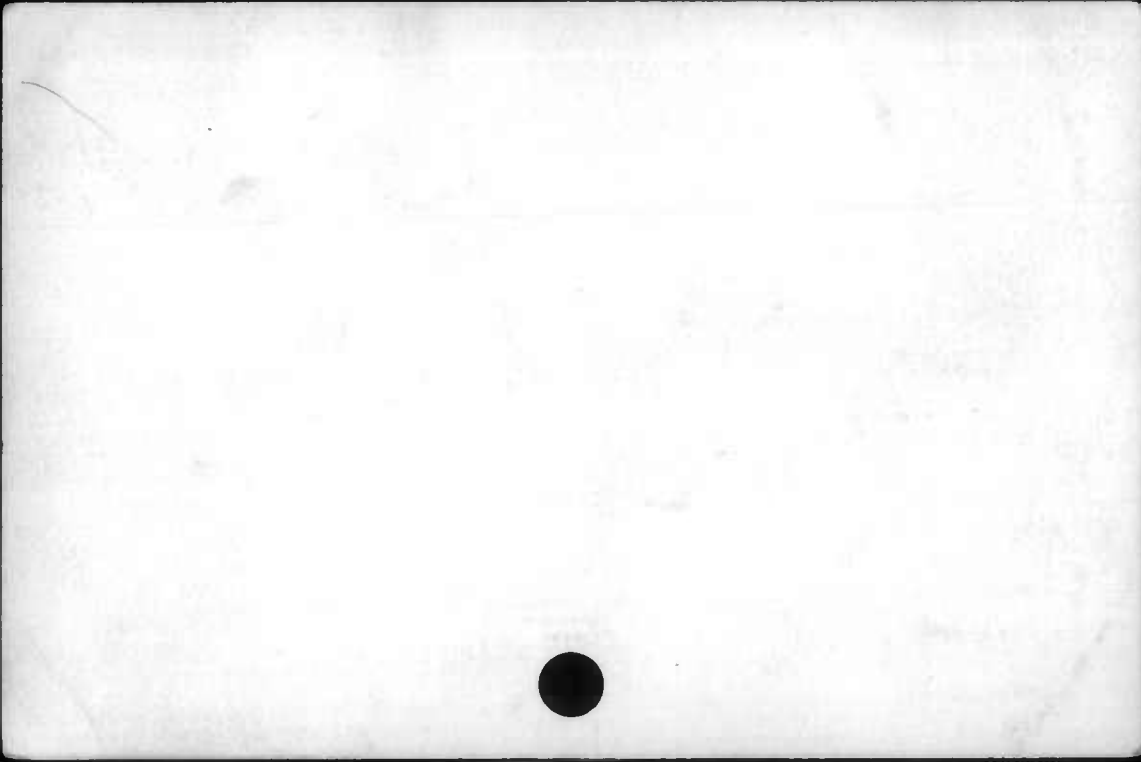
Address

Berwyn Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

Edward George Zimmerman

CERTIFICATE OF DEATH

Died at <sup>Town</sup> East Hyattsville <sup>County</sup> Prince Georges MARYLAND

Date of death 1909 <sup>Month</sup> May <sup>Day</sup> 20 Age <sup>Years</sup> 36 <sup>Months</sup> <sup>Days</sup>

Sex Male Color or Race White Birth-place D C

Occupation None Where Residing if not at place of death

Married, ~~Single~~ <sup>Single</sup> or Widowed Name of Wife or Husband Barbara Zimmerman

Father's Name Henry N Zimmerman Father's Birthplace Va

Mother's Maiden Name Fannie A Sumner Mother's Birthplace Va

Name of person giving Information Henry E Zimmerman How related to deceased Son

CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 27 9 mo

Immediate Pulmonary Haemorrhage How long 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. E. Palmer

Address Hyattsville Md

Accident or Suicide neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER

